

PETER C. HILDRETH Bank Commissioner

ROBERT A. FLEURY Deputy Bank Commissioner

State of New Hampshire

Banking Department

64B Old Suncook Rd Concord, NH 03301

Telephone: (603) 271-3561 Fax: (603) 271-0750 www.state.nh.us/banking

399-A-REN - RENEWAL FORM FOR SMALL LOAN LENDERS

Use this form if you currently hold a valid NH small loan lender license that you wish to renew. This form may be used to renew the principal office license and multiple NH branch licenses of a single legal entity. However, only currently licensed locations may be renewed. If you seek to obtain a new principal office license or add new branch office license(s) in New Hampshire, do not use this form, but instead use the appropriate initial application form. The principal office must be licensed wherever it is located, but only branch offices located in New Hampshire need to be licensed.

Renewal Fees: \$450 for the principal office and \$450 for each New Hampshire branch that is being renewed. Fees may be paid in a single check or multiple checks made payable to "The State of New Hampshire".

Small Loan Lender Principal Office (\$450)

(attach an additional sheet if necessary)

Number of NH branches being renewed (\$450 each)

	FOR OFFICE USE ONLY			
	Ck. #		_	
ense pal office	Amt. \$		-	
wever,		Date		
tain a ew	***	*****		
itial	Entered By	Date	_	
is located, ed.	App. Complete	Date	_	
l	Approved By	Date		
a	Pr. Lic. #	Date Mailed	_	
Enter the c	urrent principal o	ffice license number:		
Enter the c	urrent NH branch	office license number(s):	:	
small loan	lender license(s) f	or Calendar Year 200		
ION OF L	<u>ICENSEE</u>			
_Licensee's	fiscal year end date	2		
	(State)	(Zip)		
	(State)	(Zip)		
(Fax no.)		(Cell no.)		
(1 ax 110.)		(CCII IIO.)		

acc	of this filing:	notarize the affirmation, 200 for re	newal of NH small	oan lender license(s)	for Calendar Year	200_
		NAME AND IDI	ENTIFICATION O	F LICENSEE		
	Legal name of licens	ee:				
	Trade name, if any:					
	Licensee's federal ta	tax ID number: Licensee's fiscal year end date		e		
	Address of licensee:					
	(Principal Office)	(Street)	(City)	(State)	(Zip)	
	Mailing address, if d	ifferent:				
	,	(Street or PO Box)	(City)	(State)	(Zip)	
	Communications:	(Tel. no.)				
		(T. 1)	(Fax no	.)	(Cell	

Renewal Notice Filing – 399-A-REN Page 2 of 2 Rev. 10/03

Please note that pursuant to NH RSA 399-A:4,VII, all persons licensed by the NH Banking Department must report and amend their filing(s) for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.) to the documents and records on file with the department. The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this filing have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I further affirm that I have reviewed the licensee's records and that all documents on file with the New Hampshire Banking Department, in connection with the licensee's small loan lender license(s), are true and accurate as of this date.

I acknowledge on behalf of the licensee that the licensee's business will be operated in accordance with the New Hampshire Revised Statutes Annotated and Rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the licensee's business at any time with or without notice, and that all books, papers, files, records and related materials, whether electronically stored or otherwise, shall be subject to the Department's examination.

For

's name)

authorized signatory)

	(Print or type the licensee
	By (Print or type name of the
	Signature
	Title
State or Province of	RPORATE ACKNOWLEDGMENT
On this day of, 20 before me	(Print name of Notary/IP)
the undersigned officer, personally appeared(Print name of content of the personally to me to be the(Title of officer)	ornorate officer signing this document)
IN WITNESS WHEREOF I have hereunto set my hand and official seal.	
(SEAL) My C	Notary Public/JP Signature Commission Expires(Date)
	(Buile)
INDIVIDUAL OR I	PARTNERSHIP ACKNOWLEDGMENT
County of	
State or Province of	known to
On thisday of, 20, before me,the undersigned officer, personally appeared(Print name of in	known to dividual signing this document)
On thisday of, 20, before me,the undersigned officer, personally appeared(Print name of in me personally and known to me to be the same person whose name is significant.	known to dividual signing this document) ned to the foregoing instrument,
On thisday of, 20, before me,the undersigned officer, personally appeared(Print name of in	known to dividual signing this document) ned to the foregoing instrument,